

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31871

1. PLACE OF DEATH

County SalineRegistration District No. 796

Township

Primary Registration District No. 2038City Marshall, Mo.

File No.

Registered No. 128

St. _____ Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OR (OR) WIFE OF

Emma May Crawford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 10 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

54815

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hickory Co. Mo.

FATHER

13. NAME

James M. Wright

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Mollie Mary Sailer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hickory Co. Mo.

17. INFORMANT (ADDRESS)

Dessie Wright

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cross Timbers, Mo. DATE Sept. 18 1933

19. UNDERTAKER (ADDRESS)

J. L. Surrus

20. FILED

9/18/33 19Marshall, Mo.

Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 193322. I HEREBY CERTIFY, That I attended deceased from Sept 16 1933 to Sept 16 1933I last saw him live on Sept 16 1933 Death is said to have occurred on the date stated above, at 11 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Other contributory causes of importance:

AtherosclerosisSclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. H. Surrus M. D.(Address) Marshall, Mo.

